

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	2		1			
9	2		1			
10	2		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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50						
TOTAL IND.	2		3			
TOTAL DEP.	19	←	17	←		
TOTAL CLAIMS	21		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						